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**Description and Functions of the Medical Assistance Unit**

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**Description and Functions of the Office of the Medical Director (Medical Assistance Unit)**

Within AHCCCS, the Medical Assistance Unit is known as the Office of the Medical Director (OMD). OMD is responsible for providing the following services in order to facilitate quality medical care delivery to the members/recipients in the Arizona Health Care Cost Containment System (AHCCCS):

- Identifying, developing and evaluating indicators of quality.
- Formulating medical policy.
- Medical Interpretation.

An organizational chart for OMD is provided at the end of this Attachment.

Professional medical personnel and administrative/support staff for OMD are described in Attachment 1.2-C. OMD has organized its operation into four distinct units which are responsible for the following functions:

**1. Fee-For-Service and Utilization Management:**

- (a) Fee-for-service management, including prior authorization, concurrent and retrospective reviews for the Indian Health Service, the Emergency Services Program and individuals in the fee-for service window.
- (b) Care coordination for high risk member populations and tracking/trending numbers and costs.
- (c) Grievances and appeals specific to prior authorization denials.
- (d) Medical rate setting and capped fee-for-service analysis.
- (e) Third Party Liability identification.
- (f) Fee-for-service quality of care issue resolution, including provider, payment and services issues.
- (g) Utilization management monitoring, including reinsurance review and utilization profiling (e.g. over/under utilization).
- (h) Data analysis of utilization reports and trends.

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- (i) Technical assistance to health plans regarding utilization management.
- (j) Development and interpretation of medical policies, rules and regulations.

**2. Long Term Care**

- (a) Programmatic/operational reviews to assess the management of medical issues, Arizona Long Term Care System (ALTCS) physician and case manager services and ALTCS Fee-For-Service (institutional and HCBS).
- (b) Technical assistance to program contractors and tribal case managers.
- (c) Authorizations for special items such as environmental modifications.
- (d) Federal/State compliance, ALTCS Program, PASARR, Minimum Data Sets and Nurse Aide Training and Competency Evaluation Program.
- (e) Program coordination/external interface.
- (f) Coordination with the Arizona Department of Health Services on the status of licensure/certification of nursing facilities and Intermediate Care Facilities for the Mentally Retarded and on the distribution of information to Program Contractors and Health Plans.
- (g) Annual medical audits on select area of interest and quality management analysis of audit data.
- (h) Development of performance indicators.
- (i) Quality management coordination for ALTCS.
- (j) Development and interpretation of medical policies, rules and regulations.

**3. Policy and Provider Network Standards**

- (a) Develop provider network standards including the ratio of primary care providers to members and ratio of specialists to primary care providers to members.

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- (b) Review/revise as needed the qualifications and standards for the registration of AHCCCS providers types. Review and make recommendations to Executive Management regarding the addition or deletion of provider types.
- (c) Technical assistance and training for providers.
- (d) Develop a system for provider credentialing.
- (e) Advocacy and provider problem resolution.
- (f) Oversight of physician review process.
- (g) Rule development, distribution and evaluation.
- (h) Policy development, distribution and evaluation.
- (i) Coordination of OMD-related legislative issues with the Office of Policy Analysis and Coordination.
- (j) Medical policy interpretation.

**4. Acute Care**

- (a) Programmatic/operational reviews to assess each health plan's management of medical issues, including medical direction, quality management, utilization management, medical policy, Maternal Child Health, family planning, EPSDT, dental utilization and immunization.
- (b) Continuous training, technical assistance and interface with each health plan regarding refining and developing their quality management plan.
- (c) Program monitoring.
- (d) Quality management analysis (e.g., utilization reports and performance indicators).
- (e) Federal/state compliance related to EPSDT and maternal health.
- (f) Contract with external quality review agencies to conduct focused clinical studies..
- (g) Problem resolution, including individual quality of care issues for members, access to care, level of coverage, quality of coverage provided and technology assessment.

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- (h) Review of the Maternal Child Health and EPSDT Quality Management plans.
- (i) Development and interpretation of medical policy, rules and regulations in areas mentioned above.
- (j) Develop and staff the AHCCCS Committee for Technology Assessment and Medical Necessity.

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## OFFICE OF THE MEDICAL DIRECTOR

